Behavioral Health Integration: State, Local, Non-Medicaid Subgroup
Attachment 4: CSA Functions

A. All current Core Service Agency (CSA) Medicaid and Non-Medicaid related functions

In their role as local mental health authorities, Core Service Agencies perform the following four functions vital to the success of a comprehensive Public Mental Health System (PMHS). The work of CSAs is much broader than managing non-Medicaid services. Unless otherwise noted, all functions described below involve Medicaid-funded services, grant-funded services, and services for individuals who are non-Medicaid eligible.

1. Ensure access to quality services
2. Optimize the use of public funds
3. Serve as a system level partner
4. Identify and address unmet needs through innovation

1. **Ensure Access to Quality Services**
   a. Consumer and Family Care Services

   - Assist and support consumers and family members in navigating the complex public health system
   - Coordinate outreach services for individuals who are homeless and experiencing mental illnesses
   - Assist in developing transition plans for consumers returning to the community from prisons and jails
   - Facilitate discharge planning for children and adolescents in residential placement or residential level services
   - Screen individuals for whom admission is being initiated to determine whether a less restrictive alternative can be provided
   - Collaborate with acute care and state hospital facilities to facilitate transition to the community for individuals leaving inpatient care *(transitioned 543 consumers in FY11)*
   - Grant access to the PMHS for uninsured clients in crisis
   - Manage care for high-cost users to ensure they receive the most appropriate care in the least restrictive setting

   b. Consumer Information and Public Education

   - Respond to calls for assistance (86,000 calls answered in FY11)
   - Provide technical assistance to the community on the services available and how to access the PMHS

- Sponsor community educational events, conferences and trainings pertaining to behavioral and public health issues

c. System Oversight

- Plan, manage, and monitor publicly funded mental health services
- Act as local agents of the Mental Hygiene Administration in the management of the Medicaid-funded system of care for those with severe and persistent mental illnesses*
- Coordinate local service systems to maintain the availability of a comprehensive system of care
- Develop comprehensive mental health plans and annual reports
- Conduct local needs assessments
- Develop and monitor local mental health and/or substance abuse advisory committees
- Manage waiting lists and process applications for specialty services
  - ➢ Residential Rehabilitation Program *(2,484 beds)*
  - ➢ Capitation Project *(354 slots)*
- Review and authorize Residential Rehabilitation, Supported Employment, Enhanced Client Support, and extended stay Residential Crisis services
- Facilitate provider communication with Value Options
- Manage care for high-cost users
- Liaison with providers
- Participate in MHA workgroups and committees to address statewide system issues
- Represent Mental Health perspective on local planning boards and inter-agency committees

d. Quality Improvement and Assurance

- Monitor Therapeutic Group Homes
- Monitor out-of-state placement facilities when appropriate
- Review and monitor encounter data for community Psychiatric Rehabilitation Programs, including site visits
- Participate in Office of Health Care Quality (OHCQ) site visits
- Participate in compliance audits of service providers
- Assist local programs in developing Performance Improvement Plans and monitor improvement standards
- Monitor and inspect Residential Rehabilitation Programs
- Analyze utilization data for system efficiency and effectiveness
- Develop and monitor outcome data for providers
- Oversee unregulated specialty programs like the Capitation Project
- Resolve complaints/grievances/appeals from all parties
- Review and approve applications of new service providers
- Partner in developing and implementing local community health improvement plans

- Promote evidence-based practices like Supported Employment, Assertive Community Treatment, Psycho -Family Education, and Integrated Dual Disorders Treatment
- Promote and support the concepts of wellness and recovery including support of peer-run services
- Promote, support and manage a comprehensive crisis response system
- Orient local providers to system adaptations and changing cultures (e.g., consumer empowerment, recovery, integration)

e. Disaster Planning and Preparedness

- Develop, maintain, and implement local Mental Health Disaster Plans
- Coordinate local mental health response
- Work collaboratively with local emergency operations and health departments to develop public health related response plans
- Participate in local disaster drills and exercises

* Medicaid only function

2. **Optimize the Use of Public Funds**

Core Service Agencies, because of their ties to both the local community and the state, act as good stewards of public funding by networking to ensure the needs of individuals with mental illness are recognized and addressed, identifying and correcting inefficiencies in the system, and ensuring consumers receive the least costly, most appropriate level of care which includes managing access to non-traditional mental health services. Core Service Agencies have been successful in leveraging resources above and beyond the fee-for-service PMHS and grant-funded dollars from the Mental Hygiene Administration. This includes actual local jurisdictional support through direct funding and also in-kind donations such as office space, subsidized phone, utilities and postage as well as other sources of funding from federal, state, local, and private funders.

For grant funded services:
- Develop conditions of award in collaboration with MHA and other funders
- Develop and monitor criteria for contract performance standards
- Procure services, i.e. Requests for Proposal development
- Develop budgets and monitor expenses
- Monitor service provision
- Repurpose unspent grant funds to ensure maximum use of funding
- Conduct continuous reviews of need for, quality, and cost-effectiveness of services purchased
- Re-allocate/Re-procure funds when indicated

For PMHS services:

- Monitor care for high-cost users to decrease unnecessary high-cost care (e.g. emergency services, hospital, etc.)
- Partner with Value Options, local hospitals, community providers, and other stakeholders to identify and operationalize programs to reduce avoidable hospitalization and recidivism

3. **Serve as a System Level Partner**
   Collaborate with a broad range of partners to build and maintain relationships critical in facilitating system development and ensuring access and continuous quality improvement.

- Local parole/probation
- Department of Public Safety and Correctional Services
- Judiciary
- State's Attorney Office
- Public Defender's Office
- Local jails
- Police
- Mental health courts
- Drug courts
- Juvenile justice
- Substance abuse providers
- Schools
- Developmental Disability Administration
- Workforce development partners
- Local Substance Abuse Coordinators
- Health Departments
- Infectious Disease and Environmental Health Administration
- Local Management Boards
- Local city councils and Mayor's offices
- Local and state delegates
- Homeless and housing service providers
- Housing authorities
- Department of Social Services
- Department of Aging
- Nursing homes
- Assisted living providers
- Primary care providers
- Federally Qualified Health Centers
- Disaster preparedness partners
- Colleges and Universities

4. **Identify and Address Unmet Needs Through Innovation**
   Core service agencies partner locally to act as incubators of innovation in the area of community public health. This is achieved through the following:

- Identify the gaps in service delivery
- Secure funding for pilot programs
- Procure services
- Monitor service provision
- Evaluate effectiveness of service delivery
- Seek and secure permanent funding

A few examples of services that have been developed at the local level include:

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- Network of Care website that promotes community based care and individual treatment plans
- Capitation Project
- Integrated Dual Disorders Treatment
- Comprehensive program development for high cost users
- Outcomes monitoring for Assertive Community Treatment teams
- Department of Corrections referrals initiative
- Wellness education in local DSS offices
- Safe Haven Housing
- RTC Waiver monitor CHIPRA (Children's Health Insurance program Reauthorization Act)
- Telemedicine
- Specialty children's services

A few examples sources of funding that have been independently secured by CSAs include:

- Housing and Urban Development
- Department of Human Resources
- Infectious Disease and Environmental Health Administration
- Private foundations
- Department of Juvenile Justice
- Community Health Resources Commission
- Alcohol and Drug Abuse Administration
- Local governments